

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 755754 (9)**

1. Corporation Name

**TARPON BAY YACHT CLUB CONDOMINIUM G ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

**3100 PRUITT RD  
PORT ST LUCIE FL 34952**

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PORT ST LUCIE FL 34952**

3. Date Incorporated or Qualified  
**12/31/1980**

3a. Date of Last Report  
**04/13/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**59-2049891**

Applied For

Not Applicable

22

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

23

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

24

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**IGNATIUS SERRA  
3100 PRUITT RD G-204  
PORT ST. LUCIE FL 34952**

81

Name

**SAME**

82

Street Address (P.O. Box Number is Not Acceptable)

83

84

City

**FL**

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

*Ignatius Serra*

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**2-23-96**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE  
NAME **SERRA, IGNATIUS C**  
STREET ADDRESS **3100 PRUITT RD, G-204**  
CITY-ST-ZIP **PT ST LUCIE FL**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME **SAME**  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **VD** ☐ DELETE  
NAME **TURNER, BRITT**  
STREET ADDRESS **3100 PRUITT ROAD, G-102**  
CITY-ST-ZIP **PORT ST LUCIE, FL 00000**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME **SAME**  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **T** ☐ DELETE  
NAME **DEPUYDT, CHARLES**  
STREET ADDRESS **3100 PRUITT RD G-306**  
CITY-ST-ZIP **PORT ST LUCIE FL**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME **SAME**  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Charles Depuydt*

**CHARLES DEPUYDT**

**2/23/96**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (12/95)